

TOWN OF LOS ALTOS HILLS

26379 Fremont Road
Los Altos Hills, CA 94022
Phone: (650) 941-7222
Fax: (650) 941-3160
www.losaltoshills.ca.gov



2015 - Business License Application

Business Name _____

Owner of Business _____

Business Address _____
(No P.O. Boxes) Street Address City State Zip

Phone: () Fax: () Email: _____

State License # _____ Employer ID#: _____

<u>Type of Business</u>	<u>Annual Tax</u>
(Please Check One)	
_____ General Contractor, Pool Contractor, Security Systems	\$270.00
_____ Subcontractor (1 owner with no employees); Type: _____	\$130.00
_____ Subcontractor (owner(s) & employees); Type: _____	\$170.00
_____ Realtors (first broker) - \$160.00; next 2 brokers and salespersons-\$40.00 each; in excess of 3 brokers or salespersons \$15.00 each	*\$ _____
*See Fee Schedule for additional details.	
_____ Architect and Landscape Architect	\$135.00
_____ Engineers	\$110.00
_____ Service (e.g., gardeners, appliance repair, pest control, pool cleaning)	\$ 60.00
_____ Home Occupation** - Please indicate type: _____	\$110.00
_____ Delivery truck (only delivering products)	\$100.00
_____ Keeping or stabling one or more horses (first two horses - \$85.00; for the next 10 horses - \$10.00 each; in excess of 12 horses - \$5 each), totaling	\$ _____
_____ Private school or board and care facility	\$110.00
_____ Any other business. Please describe: _____	\$170.00

Signature: _____ Date: _____
Sign and Print Name

License is issued at 1/2 of annual rate for work performed between July 1st thru December 31st.

**Please Note: Home occupations are permitted in Town only where the use is entirely subordinate to the primary use of the premises as the family home. There shall be no retail sales on the premises, no advertising of any kind visible from off the premises, no evidence from off the premises of the business, no parking more than normally required for the residence, and no more than one assistant outside the family unit employed at the premises.

Payment Method:

[] Check-Payable to "Town of Los Altos Hills" [] Visa [] Mastercard

Total Amount: _____

Name of Cardholder: _____ Cardholder Signature: _____

Address of Cardholder: _____

Credit Card Number: _____ 3 Digit Security Code: _____ Exp. Date: _____